

The Independence Hotel
All eligible employees

Medical Rates effective 8/1/2020 - 07/31/2021

Kaiser			
\$1,000 Deductible			
Coverage Type	Employee-Paid Semi-Monthly Deductions	Employer-Paid Monthly Benefit	Full Monthly Premium
Employee Only	\$0.00	\$305.75	\$305.75
Employee/Spouse	\$152.88	\$305.74	\$611.50
Employee/Family	\$282.82	\$305.74	\$871.38
Employee/Child(ren)	\$129.94	\$305.75	\$565.63

Dental Rates effective 8/1/2020 - 7/31/2021

Metlife			
Annual Benefit Max with Ortho \$2,000			
Coverage Type	Employee-Paid Semi-Monthly Deductions	Employer-Paid Monthly Benefit	Full Monthly Premium
Employee Only	\$0.00	\$39.44	\$39.44
Employee/Spouse	\$18.57	\$39.43	\$76.57
Employee/Family	\$47.31	\$39.44	\$134.06
Employee/Child(ren)	\$24.26	\$39.43	\$87.95

Please carefully review all amounts for accuracy according to your expectations. Your signature below indicates your approval to replace any previously approved rates and contribution levels with these amounts as of the effective dates shown above. **Final enrollment could impact final rates.**

Summary benefit information above is for Individual In-Network services.

Please see your Plan Documents for full benefit details. In the event of conflict, the Plan Documents will govern.